

# PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 05/03/2005

William D. Schmidt  
Kalow & Springut LLP  
19 th Floor  
488 Madison Avenue  
New York, NY 10022

05/24/2005 WABDEL3 00000090 09935966

01 FC:2501

700.00 OP

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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

William D. Schmidt (Depositor's name)  
William D. Schmidt (Signature)  
May 19-2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/935,966	08/23/2001	James J. Ruhel	13099	1546

TITLE OF INVENTION: METHODS OF TREATING WEST NILE VIRUS INFECTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	08/03/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
WINKLER, ULRIKE	1648	424-085400

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 William D. Schmidt  
2 Kalow & Springut LLP  
3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The New York Hospital Medical Center of Queens Flushing, New York 11355

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-0171 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

William D. Schmidt

Date

5/19/05

Typed or printed name

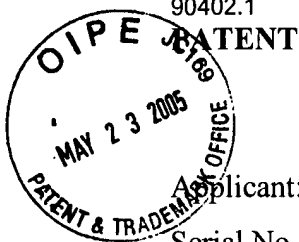
William D. Schmidt, Esq.

Registration No.

39,492

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: RAHAL Examiner: WINKLER, Ulrich  
Serial No.: 09/935,966 Group Art Unit: 1648  
Filed: August 23, 2001  
For: Methods of Treating West Nile Virus Infection  
Customer No.: 23719

Kalow & Springut LLP  
488 Madison Avenue, 19th Floor  
New York, New York 10022

May 19, 2005

**Mail Stop Issue Fee**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL OF ISSUE FEE**

Sir:

A check in the amount of \$ 1,000 is submitted herewith as payment for the issue fee and publication fee due **August 3, 2005**, in the above-identified application. Please charge any further deficiency or credit any overpayment to deposit account No. 11-0171. A copy of Part B – Fee(s) Transmittal form is also enclosed.

If there are any questions regarding this matter, the Examiner is respectfully invited to contact the applicants' attorney at the number given below.

Respectfully submitted,

William D. Schmidt  
Registration No.: 39,492  
Attorney for Applicants

Telephone No.: (212) 813-1600

**Certificate of Mailing Under 37 C.F.R. 1.8**

I hereby certify that this correspondence is being deposited on the date shown below with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
(Signature)  
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